

## QUARTERLY PERISCOPE.

### FOREIGN INTELLIGENCE.

#### ANATOMY.

1. *Total absence of the Genital—Evacuation of the Urine through the Umbilicus—Displacement of the Anus.*—The subject of this case is now ten years of age; and exhibits the following appearances:—Size ordinary, complexion fresh, slight squint, total want of the genital organs, perforation of the abdomen for the exit of the urine. Instead of being in the centre of the abdomen, the umbilicus is in the lower portion of it, from one to four lines above the pubis, the space between the pubis and sternum being eight inches nine lines. The umbilicus is a triangular depression, one inch six lines large: in this depression two tumours, or rather fleshy excrescences exist; one nearly the size of a hazel-nut is irregularly round and covered with a reddish skin, the other smaller and divided into three parts by fissures. These three divisions appear to be rather recent fleshy growths than integuments long exposed to the air: such, however, is not the case. From each side of the latter tumour there is a cleft, out of which the urine is continually dribbling. On the mons veneris the skin is rough and uneven. The arch of the pubis is scarcely distinguishable, either on account of its non-existence or because the patient prevents a full examination, for he complains greatly of being touched in those parts. The iliac foramen is filled with a large tumour, formed by an intestinal hernia: if it be pressed the urine flows more freely; on the opposite side there is also a tumour which appears to be formed by fatty tissue.

Between the summit of the umbilical triangle alluded to and the anus, there is only a space of two inches six lines. The anus is exceedingly narrow, and appears to have a slightly developed sphincter. From it there is a cleft which separates the buttocks; from the coccyx to the anus the space is three inches four lines, and the cleft along it is very deep.

The parents of the child are of a sallow complexion, and remarkably thin; their other children are of scrofulous constitution: the youngest has an umbilical hernia.

As the child increased in age he slept less, his appetite meantime augmenting in an extraordinary manner. At present he eats nearly three pounds and a half of bread in the day; his stomach is always craving, though after each meal he suffers pain in it.

In consequence of the extreme sensibility of the edges of the clefts that give issue to the urine, it has been impossible to ascertain the depth and extent of the organ containing it. The fæces are very frequently voided, and are seldom felt on such occasions. The recumbent posture being painful to the child, he

generally remains seated in bed, and as his head nods backwards and forwards, he frequently knocks it against the posts, which he says relieves the colicky pains he so often has at night. He walks with difficulty, and cannot run at all; the power of the right arm and leg is almost lost. His intellect is exceedingly precocious, and his sensitiveness of mind often obliges him to desire death.

In the above case there has evidently been an arrestation of development, the anterior parietes of the bladder being wanting, constituting what is called extropion of the bladder. The child most probably belongs to the female sex, but whether there is a womb within or not, is of course uncertain. The hernia of the left side would appear to be formed by the rectum, which instead of descending into the pelvis, seems to pass immediately below the urinary organ, and turning at a right angle, to end just below the pelvis.—*Gaz. Méd. May 2d, 1835.*

2. *Vascularity of the Serous Membranes.*—For some time, most anatomists have asserted, that the serous membranes are not vascular, and consist solely of a species of epidermis, beneath which are the vessels. M. Roux stated at a late meeting of the Academy of Medicine, that among the beautiful anatomical preparations of Panizza, an Italian anatomist, he has seen serous membranes, of every variety, entirely isolated, and the existence of a great number of vessels in them demonstrated by injection.—*Archives Générales, Dec. 1834.*

## PHYSIOLOGY.

3. *New Principle, (Sub-rubrine,) discovered in Human Blood.* By W. B. O'SHAUGHNESSY, M. D.—A few days before my departure from Calcutta in April last, while engaged in the analysis of some specimens of blood drawn from patients labouring under disease of the spleen, my attention was forcibly attracted by some very remarkable phenomena, which were wholly inexplicable according to the previous state of our knowledge of the composition of the blood. These appearances surprised me the more, as in the course of my inquiries regarding the chemical pathology of the cholera, I was necessarily obliged to subject nearly two hundred samples of blood to a rigorous analysis, conducted chiefly according to the processes recommended by Lecanu and Denis, whose works are the latest and best authorities on this interesting subject.

The appearances I allude to, first presented themselves during an experiment made to ascertain the amount of colouring matter in 1000 grains of spleen blood. Being pressed for time, I adopted a mode of analysis calculated to afford more expeditious results than that I was previously in the habit of employing. It consisted in decanting the serum, and depriving the coagulum of its fibrine by kneading it in a muslin bag. Alcohol was then added, with a view to coagulate and throw down the colouring matter and adhering albumen. The precise amount of this albumen being readily known by data afforded by the analysis of the serum, the amount of pure colouring matter can thus be precisely computed. When the alcohol was added, and the coagulation effected, I threw the mixture on a very fine muslin filter, a very turbid fluid immediately passed through. Supposing that this was merely imperfectly coagulated colouring matter, I boiled the turbid fluid in order to accelerate the separation I expected; to my surprise, however, instead of this effect, the very contrary was produced. The heated fluid, instead of coagulating, became more transparent, and all the turbid flocculi were dissolved when the boiling point was attained. Allowed to cool, the solution again became cloudy, and when at 80° Fahrenheit, a copious deposit of a faint flesh colour was obtained. By alternate heating and cooling, whether gradual or sudden, the same effects were